

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Crossroads Grassroots Policy Strategies

(b) Address (number and street) ☐ check if different than previously reported

1401 New York Avenue, NW Ste. 1200

(c) City, State and ZIP Code

Washington

DC

20005

(d) Name of Employer or Principal Place of Business

(e) Occupation

### 2. FEC Identification Number

C C00000000

### 3. Is This Statement

☒ New

or

☐ Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
08 / 18 / 2010

through

M M / D D / Y Y Y Y  
09 / 09 / 2010

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Health

09 / 03 / 2010

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Margee Clancy

(b) Address (number and street)

1701 Esquire Lane

(c) City, State and ZIP Code

McLean

VA

22101

(d) Name of Employer or Principal Place of Business

MDC &amp; Associates, Inc.

(e) Occupation

Owner

### 9. Total Donations This Statement

.00

### 10. Total Disbursements/Obligations This Statement

390197.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Margee Clancy

SIGNATURE Electronically Filed by Margee Clancy

DATE 09/03/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.